

Making Changes

Can I Make Changes to my Plan or Membership Level?

Changes in plan and membership can be made only under certain circumstances as addressed below:

Both Medicare and Non-Medicare Retiree Group Participants may make membership level changes which are consistent with the occurrence of certain qualifying mid-year events. These include:

- *Marriage*
- *Divorce*
- *Death of a covered spouse or child*
- *Birth, adoption, or placement for adoption**
- *Child losing eligibility for coverage*
- *Judgment, decree, court order or DSS order requiring coverage of an eligible child*
- *A court has required that another party cover your child(ren)*
- *Gaining permanent custody of a child*
- *Gaining eligibility for Medicare or Medicaid*
- *Losing eligibility for Medicare, Medicaid or another government-sponsored plan*
- *Spouse or eligible child loses employer eligibility*
- *Spouse or covered child gains employer eligibility*
- *Spouse begins or ends leave without pay*
- *Annual enrollment or change allowed under another employer's plan*
- *Dependent's Special Enrollment allowed under HIPAA*
- *Participant/dependent moves in or out of plan service area*

**Pre-adoptive placements may be approved under certain circumstances.*

In addition, the following policies apply to both Medicare and Non-Medicare Retiree Group Participants:

Notification: Submit an Enrollment Form (or use EmployeeDirect) within 31 days of the qualifying mid-year event (see “Effective Date of Change” below). Late notification may result in loss of premium, loss of the opportunity to add dependents, suspension of coverage (due to allowing coverage of an ineligible dependent) and/or retraction of claim payments.

Consistency: Election changes based on qualifying mid-year events must be consistent with the event involved. For example, removing a spouse would be consistent with a divorce; adding a spouse would be consistent with marriage.

Effective Date of Change: Generally, election changes will be effective the first of the month following notification of the event, provided that it is made within 31 days of the event. This means that you must submit an Enrollment Form (or use EmployeeDirect) within 31 days of the applicable qualifying mid-year event, and the date of the requested change will be effective the first of the month after receipt of the election. However, election changes for the birth, adoption, or placement for adoption of a child will be made on the first day of the month in which the event occurs, as long as notice is given within 31 days of the event. Dependents who lose eligibility for the plan will cease to be covered at the end of the month in which the loss-of-eligibility event takes place, regardless of the date of notification.

Reducing or Canceling Coverage: Retiree group participants may reduce membership or cancel coverage prospectively (going forward) at any time, but retirees and survivors who cancel coverage may not re-enroll in the future. (See ***Retiree Fact Sheet #11*** for more information about VSDP LTD participants.)

Plan Changes: Retiree group participants may make a plan change at Open Enrollment or due to a move into or outside of a plan’s service area (applies to Kaiser Permanente, non-Medicare retirees only). They may not make a plan change based on retirement, survivorship or long-term disability unless they are eligible for Medicare. **Eligibility for Medicare requires the selection of a Medicare-coordinating plan.** (See ***Retiree Fact Sheet #5*** for more information about ***Medicare and the State Retiree Health Benefits Program.***)

Some Policies Apply Specifically to Either Medicare or Non-Medicare Retiree Group Participants:

Non-Medicare Retiree Group Participant Rules:

Open Enrollment: Non-Medicare Retiree Group Participants may make membership and/or plan changes at Open Enrollment, including adding Medicare-eligible dependents.

Membership Changes: Non-Medicare Retiree Group Participants may add dependents upon the occurrence of a consistent qualifying mid-year event.

Service Area Changes: A change in plans may be made if a participant moves in or out of a plan's service area (applies only to the Kaiser Permanente HMO service area).

Medicare Retiree Group Participant Rules:

Plan Changes: Participants in Medicare-coordinating plans do not have an annual Open Enrollment period, so the opportunity for plan changes is limited. Advantage 65 and Advantage 65 with Dental/Vision are the only Medicare-coordinating plans available to new retiree group participants or those newly eligible for Medicare. Coverage under Advantage 65 may be canceled prospectively (going forward) at any time, but, once canceled, coverage may not be reinstated in the future.

Retirees or Survivors who are currently enrolled in Option I (Medicare Complementary) or Option II (Medicare Supplemental) may change between those plans prospectively at any time, and they may elect Advantage 65 coverage prospectively at any time. However, if they cancel coverage in Option I or Option II to elect Advantage 65, they may not enroll in Option I or Option II in the future.

Dental/Vision coverage may be added to Advantage 65 or Option II at any time, or it may be canceled at any time (prospectively). However, once it has been elected and canceled once, participants may not re-enroll in the future.

Membership Changes: Medicare retiree group participants may add dependents only upon the occurrence of a consistent qualifying mid-year event. Medicare-eligible retiree group participants do not have an Open Enrollment period.

To facilitate coordination of benefits with Medicare, Medicare-eligible retiree group participants and their covered dependents have separate ID numbers. However, even though their coverage is under separate contracts, the dependent's coverage will end immediately upon the termination of the retiree group participant through whom the dependent's eligibility is obtained.

If I Am Eligible to Make a Change, Where Do I Send My Completed Enrollment Form?

Most retirees will return their completed form (within 31 days of the event) to the Virginia Retirement System at P. O. Box 2500, Richmond, VA 23218-2500. However, Optional Retirement Plan and Local Retiree participants should return their form to their former /pre-retirement agency's Benefits Administrator. Retiree group participants may also use EmployeeDirect on the Web at <http://edirect.virginia.gov>

Who is authorized to make Plan or Membership Changes?

Changes can be made only by the Retiree or other plan member who is the eligible participant and through whom dependents may be eligible for coverage (e.g., the retiree, survivor or LTD participant). Dependents may not submit plan or membership changes. This means that the original participant, not covered dependents, must sign any enrollment form requesting changes.

What Should I Do If My Address Changes?

Having your correct name and address on file helps ensure that you receive claim information and communications about your health care coverage. You will miss out on important information if you do not update your correct mailing address. Failure of participants to provide up-to-date address information will not be considered as an adequate reason to allow enrollment or changes outside of designated time limitations. Carriers/administrators (medical, dental, prescription drug, behavioral health) will not send replacement cards to participants whose address is incorrect. Participants must change their address with their Benefits Administrators, and the Benefits Administrators will ensure that the plan administrators' systems are updated. Once their systems are updated, you may request replacement cards.

VRS Retirees/Survivors/LTD Participants

Contact VRS to request a **Name/Address Change Form** (Form VRS-58). This form also is available on the VRS Web site at <http://www.varetire.org>.

Allow 30 days for your name or address change to become effective. Retirees whose monthly annuity is direct deposited need only to call VRS at (804) 649-8059 in Richmond or toll free at 1-888-827-3847 to report address changes.

ORP Participants or Local Retirees

Notify your pre-retirement agency's Benefits Administrator (rather than VRS) of your name or address change.

Non-Annuitant Survivors

Mail your name/address changes to: Department of Human Resource Mgmt.
Office of State and Local Health Benefits
Attn: Retiree Services
101 N. 14th Street, 13th Floor
Richmond, VA 23219